



RECEIVED

JUL 30 2002

GROUP 3600

Please type a plus sign (+) inside this box → ☐U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Approved for use through 10/31/2002. OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/076,205
	Filing Date	February 14, 2002
	First Named Inventor	Steven R. SELESNY
	Group Art Unit	2166
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	10251-059

**ENCLOSURES** (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. PTO-1449 with cited references 2. Petition to Make Special
Remarks Proskauer Rose LLP 1585 Broadway New York, New York 10036 Tel. 212.969.3000		

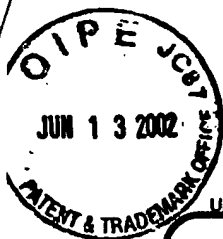
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Tzvi Hirshaut, Reg. No. 38,896 Proskauer Rose LLP
Signature	<i>Tzvi Hirshaut</i>
Date	Jul 18, 2002

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: Jul 18, 2002			
Typed or printed name	Alexander Migirov		
Signature	<i>Alexander Migirov</i>	Date	Jul 18, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



COPY OF PAPERS  
ORIGINALLY FILED

ALLY FILED

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (10-01)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 1,108.00

## Complete if Known

Application Number	10/076,205
Filing Date	February 14, 2002
First Named Inventor	Steven R. SELESNY
Examiner Name	
Group Art Unit	2166
Attorney Docket No.	10251-059

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 16-2500  
Deposit Account Name: Proskauer Rose LLP

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Description
101	740	201	370		Utility filing fee
106	330	206	165		Design filing fee
107	510	207	255		Plant filing fee
108	740	208	370		Reissue filing fee
114	160	214	80		Provisional filing fee

Fee Paid

740.00

SUBTOTAL (1) (\$) 740.00

### 2. EXTRA CLAIM FEES

Total Claims: 31  
Independent Claims: 3  
Multiple Dependent: 0  
Extra Claims: 11  
Fee from below: 18  
Fee Paid: 198

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Description
103	18	203	9		Claims in excess of 20
102	84	202	42		Independent claims in excess of 3
104	280	204	140		Multiple dependent claim, if not paid
109	84	209	42		** Reissue independent claims over original patent
110	18	210	9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 198.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Fee Code	Large Entity (\$)	Small Entity (\$)	Fee Description	Fee Paid
105	130	205	65	130.00
127	50	227	25	
139	130	139	130	
147	2,520	147	2,520	
112	920*	112	920*	
113	1,840*	113	1,840*	
115	110	215	55	110.00
116	400	216	200	
117	920	217	460	
118	1,440	218	720	
128	1,960	228	980	
119	320	219	160	
120	320	220	160	
121	280	221	140	
138	1,510	138	1,510	
140	110	240	55	
141	1,280	241	640	
142	1,280	242	640	
143	460	243	230	
144	620	244	310	
122	130	122	130	
123	50	123	50	
126	180	126	180	
581	40	581	40	40.00
146	740	246	370	
149	740	249	370	
179	740	279	370	
169	900	169	900	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 280.00

## SUBMITTED BY

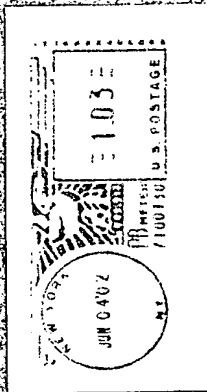
Name (Print/Type)	Gregg I. Goldman	Registration No. (Attorney/Agent)	38,896	Telephone	212.969.3000
Signature		Date	June 4, 2002		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PROSKAUER ROSE LLP

1585 Broadway  
New York, NY 10036-8299



RECEIVED  
JUN 13 2002  
MAIL CENTER

Assistant Commissioner  
for Patents  
Box Missing Parts  
Washington, DC 20231



COPY OF PAPERS  
ORIGINALLY FILED